



**NEW HAMPSHIRE BOARD OF NURSING
STATE OF NEW HAMPSHIRE**

121 South Fruit Street
Concord NH 03301

Webpage: <http://www.nh.gov/nursing>

TDD Access: Relay NH 1-800-735-2964

For Office Use Only:

FEE: \$ _____

REC'D: _____

CK/MO: _____

Reg# _____

Issue Date: _____

Nursing 603-271-2323

Nurse Asst. 603-271-6282

APPLICATION: MEDICATION NURSING ASSISTANT CERTIFICATION

To be eligible for Medication Nursing Assistant Certification an individual must document successful completion of a **NH Board Approved** Medication Nursing Assistant Program and the following:

1. Name: _____
(Last) (First) (Middle) (Maiden) (Other Names Used)
2. Mailing Address: _____
(Street Number) (City) (County) (State) (Zip)
3. Telephone: () _____ Social Security # ____/____/____ Date of Birth: ____/____/____
(required) (Month Day Year)
4. Medication Administration Education Program: _____
Address: _____ Program Completion Date: ____/____/____
(Street Number) (City) (State) (Zip) (Month Day Year)
5. Were any special arrangements made for you during the educational program testing because of a physical or mental condition? *Yes () No () *If "Yes", please attach a letter of explanation.
6. Current Employer: _____ Telephone: () _____
Current Employer Address: _____
(Street Number) (City) (County) (State) (Zip)
Job Title: _____ LNA License # _____ Expiration Date: _____

DIRECTIONS:

- _____ Complete application, sign and date.
- _____ Submit a copy of a **NH Board approved** Medication Nursing Assistant Education Program Completion Certificate.
- _____ Submit a copy of your valid and unrestricted nursing assistant license issued by the Board.
- _____ Include application fee of \$10.00 (check or money order) made payable to: "Treasurer, State of New Hampshire."
FEES ARE NOT REFUNDABLE

UNDER PENALTY OF LAW, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension or revocation of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).

Full Signature of Applicant

Date of Application

Application/licensing process not completed within 120 days will be purged

New Hampshire has a mandatory licensing law; no one shall practice nursing or nursing-related activities in New Hampshire without a current New Hampshire license.